



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

May 15, 2008

Joe Cladouhos
Syringa General Hospital
607 West Main Street
Grangeville, Idaho 83530

Provider #131315

Dear Mr. Cladouhos:

On **May 7, 2008**, a Complaint Survey was conducted at Syringa General Hospital. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003402

Allegation: A patient's family requested that the patient be transferred to another hospital. This request was refused. Also, the consultation of specialty physicians was requested but this was refused too.

Findings: An unannounced visit was made to the hospital on 5/6 and 5/7/2008. Six closed medical records of in-patients who were admitted through the emergency room were reviewed. In addition, two medical records of current patients were reviewed. Policies were reviewed and staff were interviewed.

Three active physicians practiced at the hospital. These were all family practice physicians. Also, an obstetrician had a limited practice at the hospital. Medical records for all of the sampled patients showed physicians were attentive and responsive to patient needs.

One record documented a 78 year male old male who was involved in a motorcycle accident on 8/2/07. He was taken by ambulance to the hospital and admitted. He had fractured ribs, a small pneumothorax, and a non-displaced fracture of his clavicle, as well as abrasions and contusions.

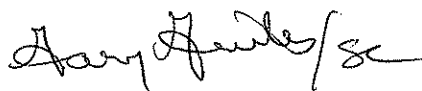
He was treated with antibiotics and hydration via an intravenous line (IV). He reported a lot of pain and was treated with IV pain medication. He was discharged from acute care on 8/6/07 and was admitted to swing bed care on that date. He remained at the hospital until his discharge on 8/13/08. IV fluids were discontinued on 8/7/08 but the patient continued to receive IV pain medication. The patient received therapy services. He was treated for potential complications. The physician's note, dated 8/12/07, stated the patient was to be discharged home the following day with home health services. He was discharged on schedule, but home health was not prescribed. The patient's wife was interviewed on 5/12/08 at 10:20 AM. She stated she was pleased with the care the patient received at the hospital. She said the family had requested the patient be transferred to a hospital in Seattle, Washington for an orthopedic consultation. Syringa General Hospital did not have an orthopedic surgeon on staff. The patient's wife said the physician had told her the patient was not sick enough to warrant the transfer. The request for transfer was not documented in either the physicians' or nursing notes. Transfer of such a distance appeared impractical due to the amount of pain the patient was having. Also, surgical intervention for fractured ribs and clavicles is rare. Following discharge on 8/13/07, the patient was seen by his regular physician on 8/16/07. This doctor did not have privileges at Syringa General Hospital. The patient was dehydrated at that time and was admitted to another hospital on 8/16/07 for hydration. It was also noted that the patient's clavicular fracture was displaced on admission to the second hospital. He was treated at the second hospital until 8/24/07. He was seen by an orthopedic surgeon at this hospital but the surgeon stated he was not a candidate for surgical intervention.

Syringa General Hospital had an active peer review process and the case of the patient had been reviewed. No deficient practice was identified. Discharge planning was insufficient for this patient as well as for two other sampled patients who were treated in 2007. However, the hospital had developed and implemented a new discharge planning process in 2008. Two current patients' records were reviewed for discharge planning. No deficiencies were identified.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care